



MAXIMUS Federal Services, Inc. (MAXIMUS) is the national leader in the provision of government agency independent review services. Since 1989, MAXIMUS has conducted more than 7.5 million independent reviews for more than 60 state and federal government agencies, including arbitration reviews for the New Jersey Department of Banking and Insurance, the Florida The Agency For Health Care Administration, the Health and Human Service Office of the Inspector General, and the Centers for Medicare & Medicaid National Correct Coding Initiative Medicare and Medicaid. We work only on behalf of government agencies and maintain no direct relationship with Third Party Administrators, Self-Insured Employers, provider groups or other commercial entities. We have the most complete and robust organizational conflict of interest measures in the industry. This commitment to avoiding conflicts allows us to insulate risk for our government clients and fully protect the integrity of the arbitration review process for all parties. It also enables MAXIMUS to provide the most defensible review determinations that will hold up under public and legal scrutiny and result in increased stakeholder satisfaction in utilizing TX Out-of-Network Claim Dispute Resolution.

## **Roksolana Kozak**

### **Professional Experience**

- MAXIMUS Federal Services, 06/2009 - present
  - Review case files to determine and summarize facts of each case assigned and asses issues involved.
  - Identify and outline pertinent facts and issues for review by independent physician consultants.
  - Acquire all necessary information involving cases and render a determination based on the information.
  - Communicate the determination in a clearly written letter and ensures that the letter is sent out to all appropriate parties required by the client.
  - Develop and update staff training protocols and conduct staff training for several projects.
  - Review and update contracts between MAXIMUS and the clients.
- Threshold Center for Alternative Youth, 02/2007 – 06/2009
  - Managed daily operations of this rapidly growing healthcare clinic. Specifically, providing leadership and direction in overseeing the performance of the front end and billing staff.
  - Maintained provider credentials and contracts.
  - Developed and updated daily insurance verification processes, cash collections, billing and coding procedures, as well as patient files.
  - Conducted staff and provider training.
  - Spearheaded numerous projects that have brought in thousands in revenue; while seeking out ways to continuously decrease expenses and increase revenue.

### **Education**

- BA in Psychology, University at Buffalo